



# Paperwork Attachment Cover Sheet

**Paperwork Attachment Control Number:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Billing NPI/API:** \_\_\_\_\_

**Client ID Number:** \_\_\_\_\_

**Type of Attachment:** \_\_\_\_\_

**Instructions:**

This form is used as a cover sheet for attachments to electronic and paper Montana Health Care Programs (Medicaid; Mental Health Services Plan; Healthy Montana Kids; Indian Health Services Program) claims sent to the address below.

The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim. This number consists of the provider's NPI/API, the client's ID number and the date of service (mmddyyyy), each separated by a dash (NPI: 9999999999-999999999-99999999/Atypical Provider ID: 9999999-9999999999-99999999).

This form may be copied or downloaded from the Provider Information website (<http://medicaidprovider.hhs.mt.gov/>).

If you have questions about paper attachments that are necessary for a claim to process, call Provider Relations at 1.800.624.3958 or 406.442.1837.

Completed forms can be mailed or faxed to: P.O. Box 8000  
Helena, MT 59604  
**Fax:** 1.406.442.4402